

# Bi-Weekly BDDS Meeting for Case Managers and Providers September 23, 2020



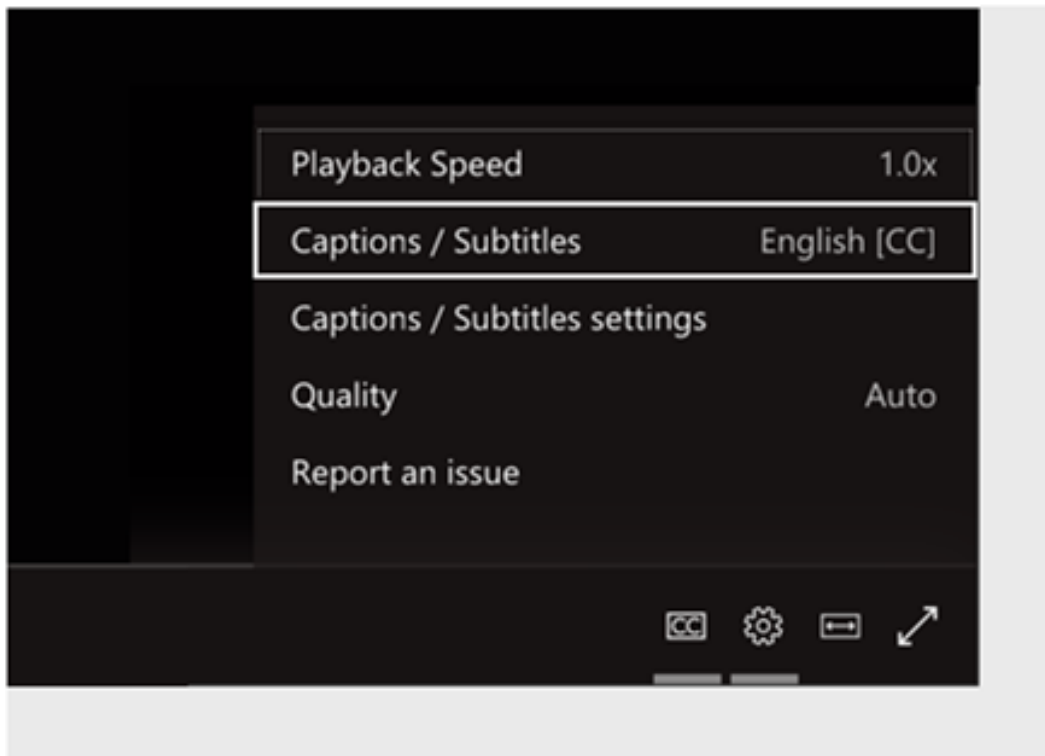
# Before We Get Started...



# How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





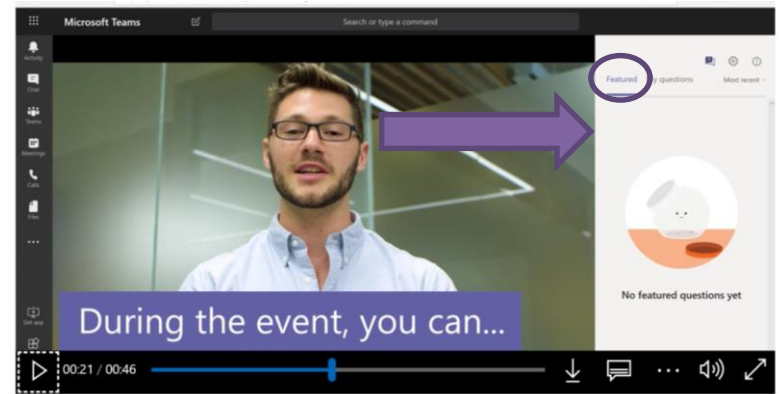
# How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



# How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



# Welcome and Today's Agenda

- Introductions
- DDRS Goals
- COVID-19 Data Update
- Reminders
- PCISP Rubric Pilot
- Core A & B
- Day Habilitation Billing
- COVID-19 vs Flu



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



# COVID-19 Data:

## Total Number of BDDS COVID Positive Cases



Total Cases: 498  
Total COVID-Related Deaths: 17

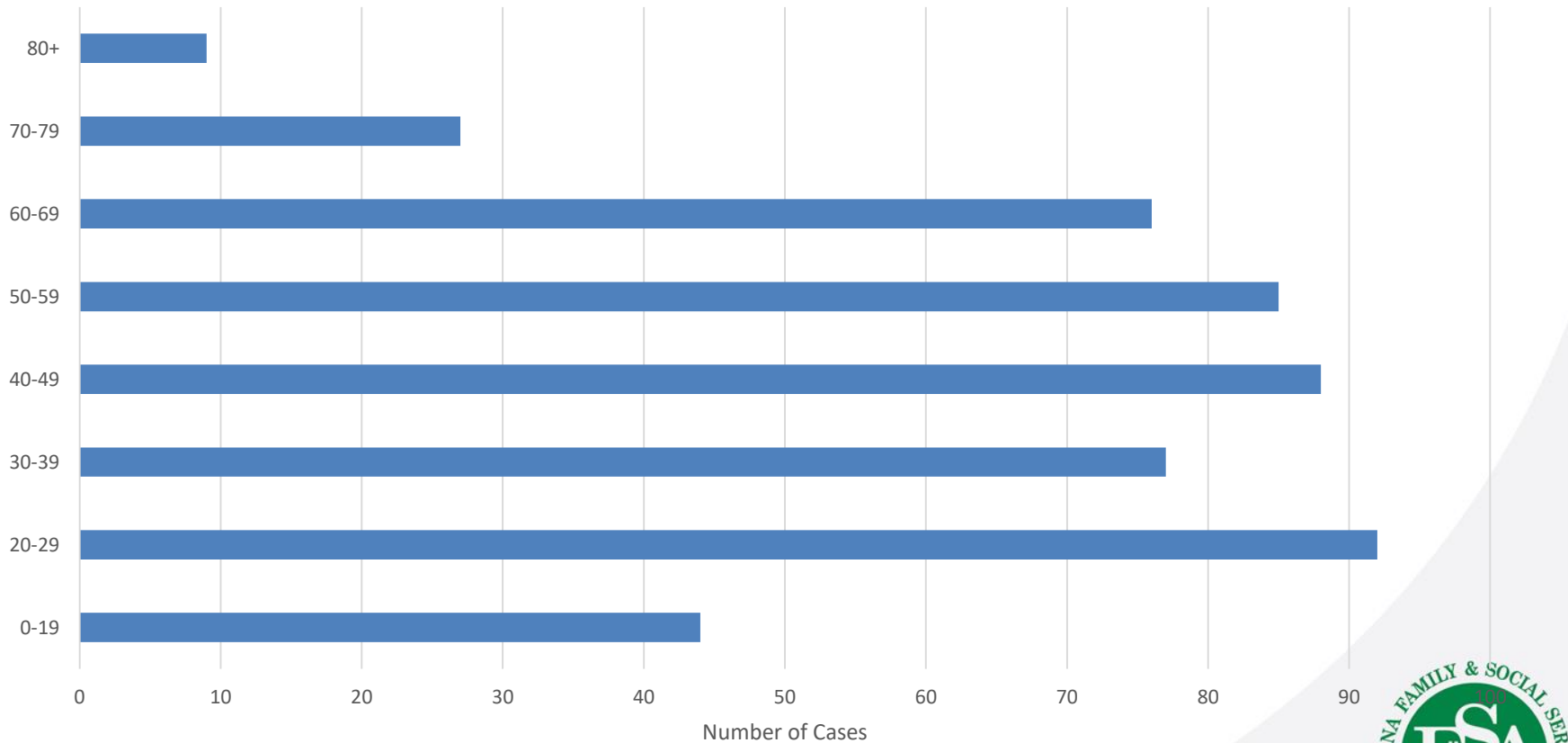




# COVID-19 Data: Age Among Unique COVID Positive Cases

Age (Group)

Number of Cases



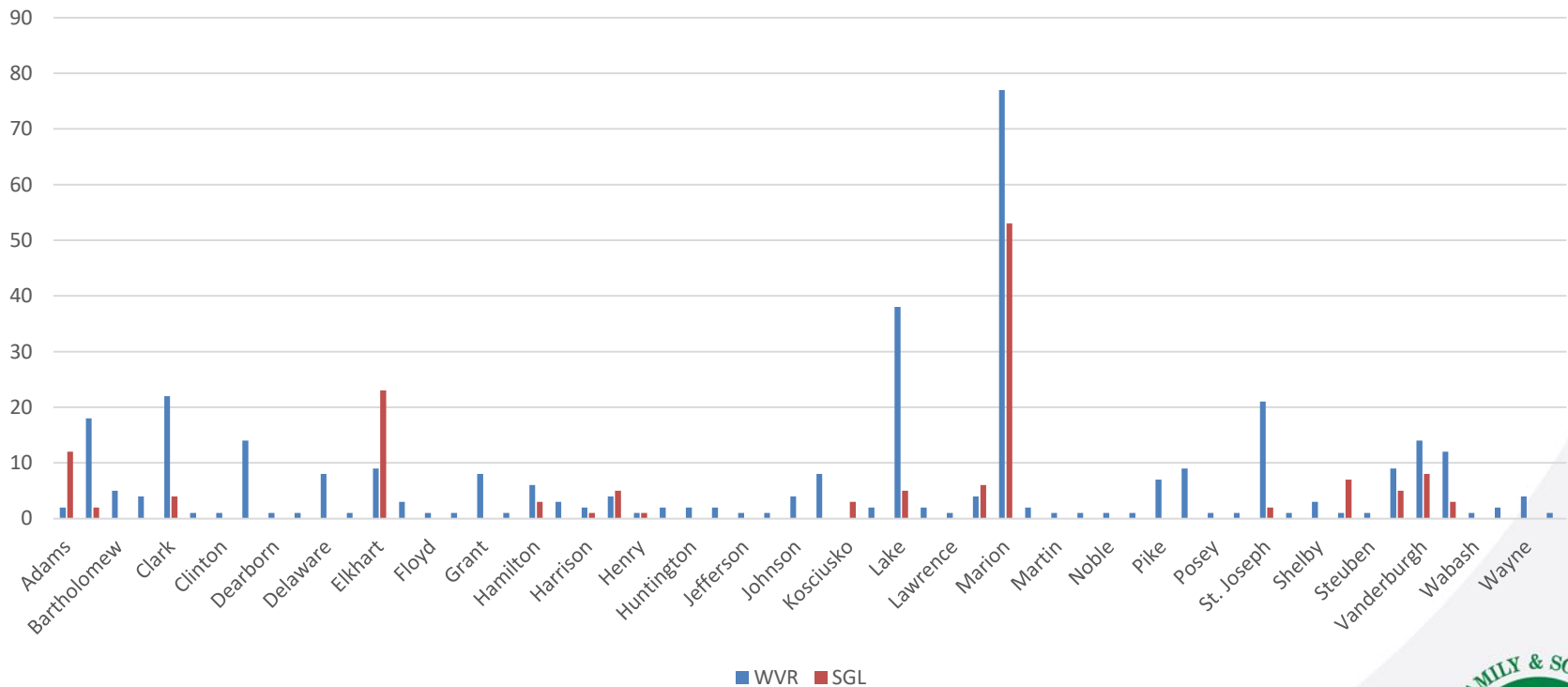
# COVID-19 Data: Positive Individual Cases by County and Funding Type

## Positive Individual Cases by County and Funding Type

by County/Funding Type

Total Cases = 498

Data as of 9/20/2020



**Total COVID-related deaths- 17**





# State-wide Face Covering Mandate

Executive Order 20-42

We continue to receive reports that some staff are not wearing a mask or face covering

**Staff are responsible to adhering to the mask mandate**

ISDH has information and resources available that include posters and fact sheets for free download.

Families, individuals and concerned team members should file an online complaint with BQIS that includes the name of the provider whose staff was not in compliance with the mask mandate along with the day and time in which staff were observed not wearing a mask.

<https://www.in.gov/fssa/ddrs/quality-improvement/>





# Individual & Family Survey

*We want to hear from individuals and families on their experiences with BDDS services during COVID-19*

- Survey available for Waiver and SGL
- Survey closes on **September 25, 2020**
- Link to survey on DDRS COVID-19 Page

Please encourage, share and assist individuals and families to complete the survey!



# Electronic Visit Verification

Deadline is January 1, 2021

Providers may choose between two technology options

- Sandata: available to all personal care service providers at no cost. Meets federal requirements.
- Alternative EVV Solutions: providers may use any other vendors that has integrated in Indiana with the Sandata solution

For more information visit  
Indiana's Electronic Visit Verification website



# Core A & B Updated Curriculum

Beginning **April 1, 2021** providers should begin training **NEW** DSP in both SGL and Support Living sites. DSPs who completed past training are not required to recertify.

Converting to the revised curriculum **will require** previously certified licensed nurse trainers to become recertified

Opportunities for nurses to certify or re-certify with the new curriculum

– October 16, November 6, and December 4, 2020

Providers may deliver Core A and Core B trainings using online videos as a virtual option to in-person training. However, the portion of the training involving return medication administration demonstration of an oral/liquid (and any other route) to the nurse should always be in person.

Additional training questions may be directed to Celia Bartel at

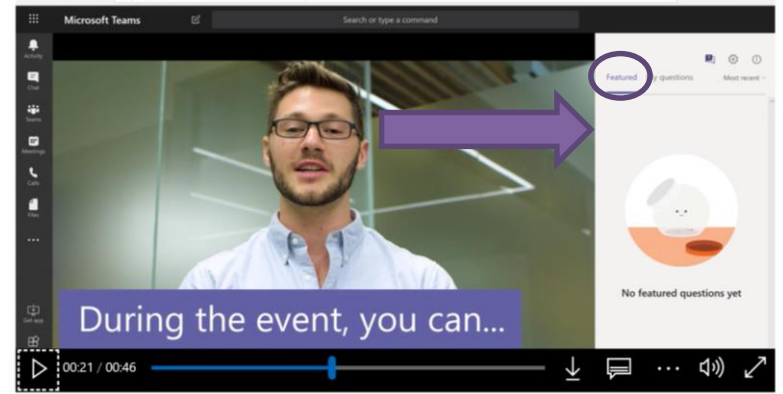
[Celia.Bartel@fssa.in.gov](mailto:Celia.Bartel@fssa.in.gov)





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Pilot: September 1 – November 30

Evaluates PCISP based on three criteria:

Strength Based

Person Centered

Integrated Supports

*During pilot case managers and CMCO receive feedback*

Roll-Out: February 1, 2021

*All team members will receive feedback, including individual and family*

**REMINDER: All IST members are responsible for the development and implementation of the PCISP**





# Day Habilitation Billing

Claims with dates of service (DOS) from August 1, 2020, through August 14 may have denied inappropriately with one of the following explanation of benefits:

EOB 4021 – Procedure code is not covered for the dates of service for the program billed. Please verify and resubmit.

EOB 4033 – The modifier used is not compatible with the procedure code billed. Please verify and resubmit.

EOB 4801 – Procedure code not covered for benefit plan.

For additional information, please reference [IHCP Banner Page BR202037](#).

*Table 2 – FSW services that may have denied inappropriately for claims with DOS from August 1, 2020, through August 14, 2020*

| Service  | Procedure code | Modifier 1 | Modifier 2 | Modifier 3 |
|--|----------------|------------|------------|------------|
| Day Habilitation, Small Group 2:1, 3:1, 4:1                      | T2020          | U7         | U5         | U2         |
| Day Habilitation, Medium Group 5:1, 6:1, 7:1, 8:1, 9:1, 10:1     | T2020          | U7         | U5         | UA         |
| Day Habilitation, Large Group 11:1, 12:1, 13:1, 14:1, 15:1, 16:1 | T2020          | U7         | U5         | UB         |



# Understanding and Preparing for COVID-19 vs Flu

Flu season is fast approaching

Influenza (flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses.

Providers should plan ahead for any necessary protocol changes that may arise due to differences in response

The Centers for Disease Control and Prevention has information and resources available on their website



# Understanding and Preparing for COVID-19 vs Flu

## Symptoms: Similarities & Differences

| COVID-19                   | Influenza (Flu)        |
|----------------------------|------------------------|
| Fever or chills            | Fever or chills        |
| Cough                      | Cough                  |
| Shortness of breath        | Shortness of breath    |
| Fatigue                    | Fatigue                |
| Sore throat                | Sore throat            |
| Runny Nose                 | Runny Nose             |
| Muscle Pain/Body Aches     | Muscle Pain/Body Aches |
| Headache                   | Headache               |
| Vomiting/Diarrhea          | Vomiting/Diarrhea      |
| Change/loss of taste/smell |                        |



# Understanding and Preparing for COVID-19 vs Flu

## How long symptoms appear after exposure and infection

| COVID-19  | Influenza (Flu)   |
|---|---|
| 1 or more days can pass between becoming infected and experiencing symptoms | 1 or more days can pass between becoming infected and experiencing symptoms |
| Typically 5 days after infection but can be 2-14 days after infection       | 1 to 4 days after infection   |

## How long a person can spread the virus

| COVID-19  | Influenza (Flu)   |
|---|---|
| Possible to spread for at least 1 day before experiencing symptoms  | Possible to spread for at least 1 day before experiencing symptoms                      |
| Currently believed it is possible to spread for 2 days before signs/symptoms and can remain contagious for at least 10 days | Most contagious during initial 3-4 days of illness and can remain contagious for 7 days |

# Understanding and Preparing for COVID-19 vs Flu

## Possible Complications

| COVID-19   | Influenza (Flu)  |
|--|--|
| Pneumonia  | Pneumonia  |
| Respiratory Failure &<br>Acute Respiratory Distress Syndrome       | Respiratory Failure &<br>Acute Respiratory Distress Syndrome |
| Sepsis   | Sepsis   |
| Cardiac Injury   | Cardiac Injury   |
| Multiple-organ failure   | Multiple-organ failure                                       |
| Worsening of chronic conditions                                    | Worsening of chronic conditions                              |
| Inflammation of heart, brain or muscle tissue                      | Inflammation of heart, brain or muscle tissue                |
| Secondary bacterial infections                                     | Secondary bacterial infections                               |
| Blood clots in the veins & arteries of lungs, heart, legs or brain | Most recover in a few days to two weeks                      |
| Multisystem Inflammatory Syndrome in Children                      |  |

# Understanding and Preparing for COVID-19 vs Flu

## Treatments and Vaccinations

| COVID-19                                      | Influenza (Flu)   |
|---|---|
| No current FDA approved drugs or therapeutics | Prescription influenza antiviral drugs are FDA approved |
| Currently no vaccine available                | Annual FDA-licensed influenza vaccines                  |

## How it is spread

| COVID-19  | Influenza (Flu)   |
|---|---|
| Person-to-Person Contact  | Person-to-Person Contact  |
| Droplets from cough, sneeze or talk   | Droplets from cough, sneeze or talk                                     |
| Touching surface or object with virus then touching mouth, nose or eyes     | Touching surface or object with virus then touching mouth, nose or eyes |
| More contagious among children and individuals with weakened immune systems |   |
| Has more superspreading events  |   |

# Understanding and Preparing for COVID-19 vs Flu

## Preventative actions to stop the spread of germs

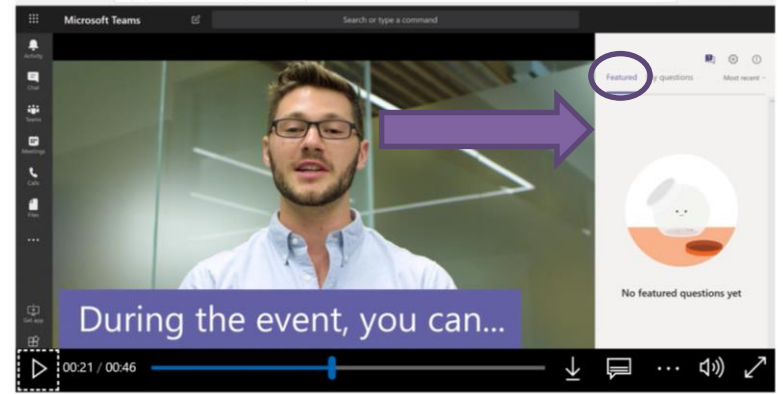
- Wear face mask or covering
- Avoid close contact with people who are sick
- Cover coughs and sneezes
- Wash your hands
- Avoid touching your eyes, nose and mouth
- Clean & disinfect surfaces and objects
- Stay home if you are sick





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# Scenario #1: RHS Provider Developing Travel Policy

A provider of RHS services is working to update their policy on travel during COVID-19 so that it aligns their corporate policies with the current local, state and federal guidance. The leadership team at the provider agency decide to develop a trajectory to ensure that they consider all aspects prior to developing their policy.



# Scenario #1: RHS Provider Developing Travel Policy

First they determine what their vision of a successful travel policy would result in:

- Minimize/eliminate positive results for COVID-19 among the individuals they support and staff
- No deaths related to COVID-19 among the individuals they support and staff
- No staff turnover due to fear of exposure of COVID-19
- No extended time off for staff due to COVID-19 illness & recovery
- No quarantines for individuals in their services and staff
- Flexibility to allow for individual and team decisions



# Scenario #1: RHS Provider Developing Travel Policy

Second they determine what they DO NOT want from their travel policy:

- blanket restrictions
- Unhappy staff, individuals and families
- Unhealthy staff and individuals
- Increased staffing shortages



# Scenario #1: RHS Provider Developing Travel Policy

Then they begin to list what information and resources they need to consider as they develop the policy:

- Corporate policy on travel for individuals and staff
- BDDS updated guidance for providers on temporary policies changes related to COVID-19
- Indiana State Department of Health COVID-19 Dashboard, map and county metrics to assess up to date data and areas of concern within the state
- CDC Travel during the COVID-19 Pandemic information and resources
- CDC COVID Data Tracker for up to date information on hot spots in the United States



# Scenario #1: RHS Provider Developing Travel Policy

Using all of this information the RHS provider decides that they should develop a policy on travel for:

- Staff who travel during vacations and time off
- Individuals in services who travel with friends and/or family

They also determine that each policy should include:

- Differences in travel inside Indiana and to other states
- Differences in travel to current hot spots vs other areas that are low in COVID-19 numbers
- Quarantine timeframes
- Underlying health conditions of individuals in the home
- Individual and staff willingness, ability and access to face coverings
- Ability to address individuals support needs if quarantine outside of the home is determined necessary



# Scenario #1: RHS Provider Developing Travel Policy

The RHS provider agency leadership feels confident that using these ideas, information and resources they will be able to develop a policy that allows for person centered thinking, supports individuals in living their vision of a good life, and keeps their staff and individuals safe, happy and healthy.



## Scenario #2: Carl

Carl is 33 years old, has the CIH waiver and lives with three roommates. In addition to case management and RHS, Carl has day services and behavior management on his CCB. Since the closure of his day services during the pandemic, Carl's CCB was updated with additional RHS hours to support the additional hours he was spending at home. Carl continued to receive his BMAN services via tele-medicine until in person visits could resume.

Carl's roommates include Jim (55 years old, history of heart disease), John (37 years old, chronic asthma) and Ray (25 years old, no pre-existing conditions). All four men get along well and have been keeping busy in their home during the pandemic. Their provider had developed policies to address the ongoing developments that had included a no-visitation policy as well as mandatory steps for staff and individuals to take to prevent the spread of COVID-19 since earlier this year.



## Scenario #2: Carl

In response to ongoing concerns from families wanting to resume visits, the provider has recently updated its visitor restriction policy. It now allows for one hour outside home visits, limited to two family members, following social distancing guidelines and mask wearing requirements. This has allowed Carl and his roommates to begin having family visits again and has really boosted their morale. In addition, Carl's BMAN provider has resumed some in person visits supplemented by telemedicine.

The in-person visits have been going very well for the past month as Carl has gotten to see his mother and father weekly as he did prior to the pandemic. Carl and his family really enjoy this time to catch up and return to some normalcy. During the last visit, Carl's parents discussed with him that they have been invited to attend his cousin's wedding out of state. His parents are planning on going and want Carl to join them. The wedding will take place in Florida. The family is planning on staying at his aunt's in Florida for a week so they can see family and enjoy a vacation.





## Scenario #2: Carl

The provider was concerned about Carl leaving the state on an extended visit. They asked the parents and Carl if they could have a team meeting to discuss the situation in further detail. After contacting Carl's case manager they agreed to conduct a zoom meeting the following week.

While facilitating the call the case manager opened the meeting by explaining the issue at hand. She explained that Carl and his family wished to go to the wedding, but noted the provider's concerns.



## Scenario #2: Carl

The case manager inquired with the provider what their current policy was on people going on home visits or prolonged visitation with family and if there were any exceptions. The provider stated that if someone is to go home on a visit or will be out of their supported living site for an extended period of time, that they may not be able to return to their home for a minimum of two weeks. This is in order to ensure a person is not experiencing symptoms of COVID or risk transmission to the others in the home. While this has been noted within their corporate policy, locally, the provider is making decisions on a case by case basis based on individual circumstances and is willing to discuss the potential trip.



## Scenario #2: Carl

When it was time for Carl and his parents to speak, they expressed their frustrations that this policy was unfair and didn't feel like the provider was considering Carl's (or his roommates') needs or wants. The parents felt they were capable of taking proper precautions to ensure Carl wouldn't be exposed or expose someone else to COVID and the risk for his home was considered to be minimal. Carl's aunt is retired and has been home since March. Whenever she goes out she wears a mask, carries hand sanitizer with her and practices social distancing. Carl's parents practice the same precautions and are willing to do whatever is needed to allow him to go with them.



## Scenario #2: Carl

The provider expressed concern over the roommates Jim and John, who have chronic conditions that puts them at high risk. In addition, the provider was worried as Florida has been deemed a "hot spot" of COVID-19 positive cases and that the wedding would include a large group of people who may or may not be wearing masks and taking precautions.

After listening to the concerns of all parties, the case manager asked everyone if they would be willing to come up with a plan to address everyone's concerns. The case manager also provided everyone on the team the most current CDC recommendations for what to do after domestic and international travel. In order to accommodate Carl's wishes and the providers concerns, the team would discuss in detail ways to minimize exposure to Carl and others in his home to ensure everyone's safety. Everyone was in agreement they were comfortable with developing a plan.



# Scenario #2: Carl

As a result of this discussion, the team come up with the following plan:

- Carl would be going with his family to Florida. His parents will ensure Carl wears his mask, washes his hands frequently, and practices social distancing at all times to prevent exposure. His parents agree they will take the same measures during the trip.
- Returning from vacation, Carl will remain with his family for 14 days to self-quarantine.
- Carl's behavior management provider will resume telehealth with him when he returns from Florida and stays with his family.
- The residential provider will check in with the family twice a week to see how things are going.
- Carl will be gone for a minimum of three weeks.
- Carl will have daily assessments for 14 days upon his return to ensure no symptoms are present.
- Carl's parents will notify the IST immediately if they or Carl present any symptoms or are notified of anyone they were in contact with presenting symptoms.
- If Carl or his parents should present any symptoms, they will be tested.
- After being symptom free for 14 days, Carl will return to his home with his roommates.
- The family is aware the time frame may change should they contract COVID.



## Scenario #2: Carl

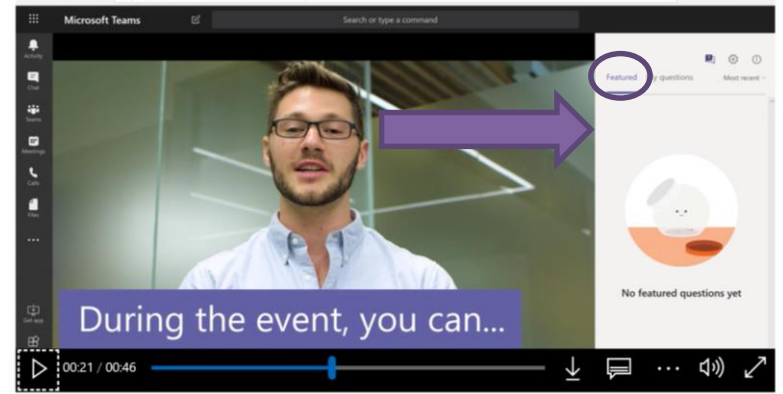
Carl's roommates were informed of the plan and stated they are comfortable with the plan. They will be notified when Carl's due to return and be supported by staff in taking preventative measures within the home. Through this discussion and working together to find solutions to concerns, the team devised a plan that satisfied everyone and will keep everyone safe.





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- The Next BDDS Meeting for Case Managers and Providers is scheduled for **October 7<sup>th</sup>** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:  
[BQIS.Help@fssa.in.gov](mailto:BQIS.Help@fssa.in.gov)

